

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35732

FILED
Jan 29, 2009
Secretary of State

Entity Name: BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

%LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 65-0227623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELL, ROBERT (BOB)
264 WOODS POINT RD
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FARREL, ROBERT
Address: 264 WOODS PT. RD.
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: BRODT, PHILIP
Address: 328 WOODS POINT RD.
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: BRANWELL, BONE
Address: 296 WOODS PT. RD.
City-St-Zip: OSPREY, FL 34229

Title: S () Delete
Name: SILVEY, JERRY
Address: 447 OAK PT. RD.
City-St-Zip: OSPREY, FL 34229

Title: V () Delete
Name: ADAMS, ROBERT
Address: 283 WOODS POINT RD.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CLARK, RICHARD
Address: 299 WOODS PT. RD.
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SILVEY, JERRY
Address: 447 OAK PT. RD.
City-St-Zip: OSPREY, FL 34229

Title: S (X) Change () Addition
Name: SCHNEIDER, WILLIS
Address: 415 OAK PT. RD.
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYANNE MERRILL

MNGR

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date